2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008
Secretary of State

DOCUMENT# L07000041793

Entity Name: SOARES DA COSTA CIVIL, LLC

Current Principal Place of Business:

7270 N.W. 12TH STREET, SUITE 520
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

7270 N.W. 12TH STREET, SUITE 520
MIAMI, FL 33126

New Mailing Address:

FEI Number: 20-8977758 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DEVINE GOODMAN PALLOT & WELLS P.A.
777 BRICKELL AVE., SUITE 850
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: CEO ( ) Change (X) Addition
Name: ESTEVES, ANTONIO M
Address: 7270 NW 12TH STREET, SUITE 250
City-St-Zip: MIAMI, FL 33126

Title: CFO ( ) Change (X) Addition
Name: FAUSTNO, LUIS M
Address: 7270 NW 12TH STREET, SUTE 250
City-St-Zip: MIAMI, FL 33126

Title: P ( ) Change (X) Addition
Name: LOWRY, VICTOR
Address: 7270 NW 12TH STREET, SUITE 250
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LUIS MIGUEL FAUSTINO CFO 04/17/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date